**FILED** 

Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90080 012 \*\*\*150.00

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## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # K57464**

1. Corporation Name

DATA FLOW ACCOUNTING SERVICE, INC.

Principal Place of Business Mailing Address					
UNIT 121 UNIT 12		4105 FAIRVIEW VISTA PT. UNIT 121	1 121		DO NOT HOUSE IN THIS SPACE
ORLANDO FL 32804 ORLANDO FL 32804					DO NOT WRITE IN THIS SPACE
	•				3. Date Incorporated or Qualifed 01/05/1989
2 Orinainal O	lace of Rusiness	2a. Mailing Address			4. FEI Number Applied For
					65-0092402 Not Applicable
Suite, Apt. #, etc.		Suite Apt # etc.	Suite, Apt. #, etc.		\$8.75 Additional
22		27	7		5. Certificate of Status Desired Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
23		28	28		Trust Fund Contribution Added to Fees
Zip	Country Zip		Country	y	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax.
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent
DD/	ANIOLIA DOLA MINIA		81	Name	
DEVANGUARDIA, NINA			82	Street Add	dress (P.O. Box Number is Not Acceptable)
4105 FAIRVIEW VISTA PT.					
UNIT 121 Orlando fl 32804			83	1	
ORLANDO FL 32004			84	City	85 Zip Code
				<u> </u>	FL   60 Pt 5005
Office or o	egistered agent, or both, in the Sta	te of Florida. Such change was au	ithorized by	the corporal	rporation submits this statement for the purpose of changing its registered tion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obli	gations of, Section 607.0505, Flor	ida Statute	S.	
SIGNATURE				<del></del>	ired when reinstating) DATE
	Signature, typed or printed name of registered a		13.	int signature requi	ired when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS  DP DELETE		1.1 T///LE		Change Addition
NAME	DEVANGUARDIA, NINA		1.2 NAME		-
STREET ADDRESS	AAAR EAIDVICEN VIOTA OT LINUT 404			T ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32804		1.4 CITY-5		
TITLE	01.51.50 12 00001	☐ DELETE	2.1 TITLE	-	☐ Change ☐ Addition
NAME			2.2 NAME		•
STREET ADDRESS			1	T ADDRESS	
CITY-ST-ZIP			2 4 CITY-		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREE	TADDRESS	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME	: [	
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP				ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREE	TADORESS	
CITY-ST-ZIP			5.4 CfTY-	ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	Į	}

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OBSIGNING OFFICER OR DIRECTOR